



Health Insurance Marketplace Quality Rating Information



*Guidance for Navigators and
Assisters*

*Information for the 2020 Open
Enrollment Period*

*November 1, 2019 - December 15,
2019*

November 22, 2019

Objectives

- To provide guidance about the Marketplace Quality Rating information to help you:
 - ✓ Educate enrollees about the Marketplace quality ratings
 - ✓ Advise enrollees on how to use the quality ratings to compare health plans in their Marketplaces
 - ✓ Answer questions from enrollees about the Marketplace quality ratings

What is the Marketplace Quality Rating Information?

- Also referred to as “quality ratings”
- Another way to compare health plans offered through a Marketplace by
 - Quality of health care services
 - Enrollee experience
- Consumers can still compare by cost and other factors too
 - Premium price range, yearly deductible, Marketplace health plan category (Bronze, Silver, Gold, Platinum, Catastrophic), health plan type (e.g. HMO or PPO), Health Savings Account (HSA) eligibility

Sample of quality ratings display

Estimated monthly premium
\$290.18

Anthem Blue Cross and Blue Shield ★★★★☆ ⓘ

Anthem Bronze Pathway X Enhanced HMO 6500
40 Compare

Bronze | HMO | Plan ID: 96751NH0150026

Deductible ⓘ \$6,500 Individual total	Out-of-pocket maximum ⓘ \$8,150 Individual total	Estimated total yearly costs ⓘ Add
---	--	--

Copayments / Coinsurance ⓘ

Emergency room care 40% Coinsurance after deductible	Generic drugs 25% Coinsurance after deductible	Primary doctor 40% Coinsurance after deductible	Specialist doctor 40% Coinsurance after deductible
--	--	---	--

Plan features

- ✗ Adult Dental
- ✗ Child Dental

Add Your Medical Providers
Add your medical providers and we'll show you which plans cover them

Add Your Prescription Drugs
Add your prescription drugs and we'll show you which plans cover them.

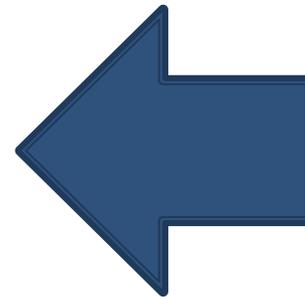
Plan Details

Like This Plan

Details and explanation of the quality ratings display are provided on slide 8

How are quality ratings determined?

- CMS collects clinical and survey measure data
 - Calculates an overall quality rating—between 1 and 5 stars
 - Combines quality category data across 3 quality categories
 - Member Experience
 - Medical Care
 - Plan Administration



Each category has its own rating between 1 and 5 stars

What quality topics are included?

- The topics include, but aren't limited to:
 - How easy it is to get care when needed
 - If the doctors, hospitals, and others in the plan's network give members health care that achieves the best results
 - Member experience (i.e., how other plan members rate their doctors and the care they get)
 - How informed and up-to-date doctors are about a patient's health care status, blood tests, and X-ray results
 - How well doctors in the plan's network monitor certain conditions
 - If the plan coordinates the care members get from different providers

Quality ratings

- A **quality rating of 3** means that a health plan is considered on average compared to other Marketplace plans in a given year.
- A quality rating **higher than 3** means that a health plan performed better than average compared to other Marketplace plans in a given year.
- A quality rating **lower than 3** means that a health plan's performance was below average compared to other Marketplace plans in a given year.

Explanation of quality ratings display

Estimated monthly premium
\$290.18

[Plan Details](#)

[Like This Plan](#)

Anthem Blue Cross and Blue Shield ★★★★☆ ⓘ

[Anthem Bronze Pathway X Enhanced HMO 6500 40](#) Compare

Bronze | HMO | Plan ID: 96751NH0150026

Deductible ⓘ **Out-of-pocket maximum ⓘ** **Estimated total yearly costs ⓘ**

Overall star rating ★★★★☆
Overall star rating is based on the categories below

Member Experience ★★★★☆
Based on member satisfaction surveys about their health care, doctors, and ease of getting appointments and services

Medical Care ★★★★☆
Based on providers improving or maintaining the health of their patients with regular screenings, tests, vaccines, and condition monitoring.

Plan Administration ★★★☆☆
Based on how well a plan is run, including customer service, access to needed information, and providers ordering appropriate tests and treatment.

When quality ratings aren't available

- In some cases – like when plans are new or have low enrollment – ratings aren't available
 - This doesn't mean the plans are low quality
 - CMS will display “New Plan – quality ratings unavailable” or “Not Rated” for these plans
- In addition, some types of health plans (like child-only plans and stand-alone dental plans) offered through a Marketplace aren't currently required to submit quality ratings data

Sample of new plan rating display

HealthCare.gov only rates plans that have existed on the Marketplace for 3 consecutive years and meet the enrollment standards.

Estimated monthly premium
\$363.86

Oscar Insurance Company
[Classic Bronze \(Free 24/7 Telemedicine + Free Preventive Care\)](#)
Bronze | EPO | Plan ID: 69512MO0010003

New plan - Not rated ⓘ

Compare

Deductible ⓘ
\$6,000
Individual total

Out-of-pocket maximum ⓘ
\$8,150
Individual total

Estimated total yearly costs ⓘ

Copayments / Coinsurance ⓘ

Emergency room care 50% Coinsurance after deductible	Generic drugs \$3	Primary doctor \$50/50% Coinsurance after deductible	Specialist doctor 50% Coinsurance after deductible
--	-----------------------------	--	--

Plan features

- ✗ Adult Dental
- ✓ Child Dental

Add your medical providers and we'll show you which plans cover them

Add your prescription drugs and we'll show you which plans cover them.

What are the benefits of the quality rating information?

- Gives consumers:
 - A snapshot of the quality of available health plans offered through the Marketplace in their state
 - Objective information on how health plans perform in the Marketplace
 - An easy way to compare the quality of health plans offered through the Marketplaces
 - Health plans offered through the Marketplaces are rated with the same criteria

Which Federally-facilitated Marketplaces (FFM) will display quality rating information?

- All Marketplaces that use HealthCare.gov will display quality rating information beginning with the 2020 Open Enrollment Period.
- During the 2017, 2018, and 2019 benefit years, HealthCare.gov included Quality Rating System (QRS) quality ratings in select FFM states as a pilot.

What about State-based Marketplaces (SBMs)?

- SBMs, which operate their own technology platforms, will also display quality rating information beginning with the 2020 Open Enrollment Period.
- SBMs have some flexibility to customize the display of their health plan quality rating information so there may be differences in the information provided on SBM websites.

For more information

- Marketplace Service Desk (reference “Marketplace Quality Initiatives”)
 - CMS_FEPS@cms.hhs.gov or 1-855-CMS-1515 (1-855-267-1515)
- HealthCare.gov Website
 - <https://www.healthcare.gov/quality-ratings/>
- Consumer Fact Sheet on Marketplace Quality
 - <https://marketplace.cms.gov/outreach-and-education/choosing-a-high-quality-plan.pdf>
- 2019 QRS Display Guidance
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Quality-Rating-Information-Bulletin-for-Plan-Year-2020.pdf>
- FAQs on Different QHP types for different needs
 - <https://marketplace.cms.gov/outreach-and-education/5-questions-to-ask-choosing-a-plan.pdf>